THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVII. THURSDAY, JANUARY 28, 1858. No. 26.

LARYNGEAL CROUP IN A BOY EIGHT YEARS OLD—TRACHEOTOMY—RECOVERY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE H. GAY, M.D., ONE OF THE SURGEONS OF THE MASS. GEN. HOSPITAL.

LEWIS F., æt. 8, Roxbury, was taken sick Friday, Nov. 27th, 1857, with the mumps on the left side of the face. On Saturday of the following week the right parotid gland began to swell, and at the same time his parents noticed that he was hoarse and had a cold, although they did not know of any exposure that might account for it. The cough, what little there was, was loose, and no particular attention was given to it. On Sunday he could not speak a loud word. His voice was a faint whisper. There was no change in the cough. The hoarseness continued, and on Tuesday night he was seized, for the first time, with great distress in his breathing, which was very noisy, crowing, and at times ringing. He was very restless, and made frequent efforts to catch more breath. The cough was still slight and loose. His physician was sent for, and squills and antimony were given. The medicine was almost immediately vomited, but nothing else. Afterward there were occasional intervals of comparative ease, continuing for half an hour or more. On Wednesday he was up and dressed, and playing about the room; to all appearance much better, though the hoarseness still continued, and the cough remained about the same. Toward noon there were some severe paroxysms of difficult and noisy breathing, and soreness in swallowing was complained of. At 4, P.M., the respiration was more hurried and labored. From this time there was an uninterrupted difficulty in breathing, and the cough began to be shrill and more dry. An emetic of ipecac was administered, a blister was applied to the upper part of the sternum, and an atmosphere of steam was kept constantly about him, from a pail of hot water by the bed-side. No relief was obtained from these means. Throughout the whole night there was great restlessness, and nothing that could be called sleep. Between

midnight and two o'clock there was a long, and very severe paroxysm of noisy and wheezing respiration, with a ringing, and, as the mother described it, squeaky cough. The swallowing of any liquid brought on and aggravated the paroxysm. He was much exhausted, and nothing seemed to do him any good. On Thursday morning the symptoms were much worse, the respiration being very frequent, the breathing very hoarse and crowing, and the cough shrill and dry. No change of posture in the bed seemed to relieve him, whether lying down or sitting up.

At 11, A.M., when I saw him in consultation with his attending physician, Dr. Bartlett, and Drs. Lewis and J. Mason Warren, he was reported to be worse than he was early in the morning. The least excitement brought on a paroxysm of labored breathing. The voice was hoarse, guttural and not very distinct. The respiration was hurried, difficult, very noisy and harsh. There had been no quiet respiration for hours. The veins of the neck were prominent and distended, particularly one on each side of the median line, just beneath the skin. The skin was hot, but not very dry. The pulse was small, 130. The countenance was languid, and indicated considerable suffering. By auscultation, no vesicular breathing could be detected, the noise from the larynx overpowering it, if it existed in any degree. By percussion, the resonance was seemingly greater than natural. As far as the lungs could be examined, it was concluded that probably they were not much affected, that they were full of air, which caused the great resonance, and that they were only partially emptied at any expiration.

The tongue was covered with a thick white coat. On looking into the throat, the tonsils were much inflamed, and had an erysipelatous or scarlet-fever redness; the epiglottis was also red, swollen and stiff. It did not seem to be movable. Upon the right tonsil there was a white patch, of the size of a three-cent piece, appearing like membrane. No membrane was seen anywhere else.

The whole trouble seemed to be limited to the larynx, and whatever it was, there was a rapidly increasing mechanical obstruction to the passage of air. Any further medical measures were not deemed applicable, and tracheotomy was urged unanimously.

Operation.—Dec. 10th, 1857, 11½, A.M., with ether. The incision in the skin was similar to that of the other operation, with the exception that it was continued down to a line on a level with the upper part of the sternum. This finished, the two large median veins just beneath the skin were brought into view, and after some difficulty were separated. There was nothing peculiar in the rest of the operation, except some bubbles of air, as noticed in the other case. These bubbles were small, and were observed after or while separating the muscles covering the trachea. The isthmus of the thyroid gland was pushed and held upward. There was no trouble with the deep-seated veins. There was but little hæmorrhage,

and no vessel was tied. The wound being sponged dry, three rings of the trachea were cut from below upward. The inside of the trachea was red, but no membrane was seen. Air was immediately inspired by the opening, and a quantity of frothy, tenacious mucus was expelled. The tube was then inserted, and in a few minutes the breathing was entirely relieved and changed. The pulse, from 130 just previous to the operation, fell to 120. A short time afterward, on applying the ear to the chest, distinct vesicular breathing could be heard. During the afternoon and evening there were occasional paroxysms of coughing, with expulsion of stringy mucus through the tube, and which was wiped away with a sponge. The breathing was much more quiet and slow.

Dec. 11th.—Passed a pretty good night. Did not have any very distressing spells of coughing. The swallowing of any liquids still brings on a paroxysm of dyspnœa and coughing, which is in all probability owing to some of the liquid escaping into the larynx, on account of the imperfect closure of the epiglottis. This morning, breathes with less noise, and entirely through the tube. The expectoration is frothy and mucous. He appears very comfortable. The skin is hot, but not dry. The pulse 112. Not much thirst. The act of swallowing not so painful. Drinking brings on immediate coughing, though no liquid is expelled through the tube. The tube, being somewhat clogged, was removed, and a double one inserted, each having an opening on its convex surface. The wound and neck are swollen and sore. The discharge from it and the blister is thick, white and firm, like membrane. One free dejection. Moves his lips, but cannot articulate. Chest sounds well. Throat looks better.

12th.—Had a very comfortable night. Slept an hour or two at a time. No severe paroxysm of coughing or dyspnœa occurred. The expectoration through the tube is more tenacious. The inner tube is removed every three or four hours and cleaned in hot water, and then replaced, without the slightest inconvenience to the patient. The breathing is quiet, and wholly through the tube. The external opening of the tube was closed for a moment, but the air could not pass through the glottis. It seemed more closed than yesterday. As yet, there is no appearance of any membrane in what is expelled through the tube. By taking only a teaspoonful of liquid at a time, no irritation of the larynx is produced. Found him playing *solitaire*. Makes signs for some toast. Throat improving.

13th.—Occasionally during yesterday, the expectoration from the tube was observed to be somewhat purulent. Had a quiet and easy night. Some air passed through the glottis last evening, for the first time. This morning he looks very bright. On closing the external opening of the tube, air evidently passed through the glottis, producing a somewhat hoarse sound and a moist rattle.

Can swallow with much less difficulty. The cough is less. The tongue is cleaner. Pulse 100. Some appetite. The breathing is very quiet. Sleeps on his side or back. The wound of the neck is tender on motion. Raises much more through the tube—mostly thick, tough mucus, occasionally mixed with pus. After a paroxysm of coughing, some blood was seen in the sputa from the mouth, but none from the tube.

14th.—Had a very comfortable day yesterday. Raised a great deal of firm, shreddy mucus by the mouth and tube. Slept several hours through the night. In the night, the skin was quite soft and moist. To-day everything still seems to go on favorably. For the first time, can speak, and is easily understood, although the voice is hoarse. On closing the tube externally, the breathing is more free than yesterday. The tongue continues to grow cleaner. The pulse is 96. The skin is nearly natural. Appetite is sufficient. Is anxious to get up. The wound is less swollen, and the lower half has now a healthy granulating look, while the upper half and the blistered surface are still covered with a thick, white exudation. The lungs sound well. Above the tube, there is much moist rattling. More is raised by the mouth than by the tube. The expectoration by the mouth brings up much firmer mucus than by the tube. The throat looks well. There is no pain in swallowing.

15th.—Slept quietly most of the night. When awake, he raised freely by the mouth and tube, pus, mucus and a firmer substance. No dejection for two days. At 4, this A.M., took two ounces of liquid extract of senna. At 9, A.M., was very comfortable. Pulse 96. Tongue much cleaner. Blistered surface clean, with a healthy red look. On removing the inner tube, some obstruction was felt along its upper convex surface, and when it came out, a piece of thick, firm membrane was found partly in and partly out of the convex opening. It was of a yellowish-white color, rather brittle, and looked exactly like one of the pieces removed from the other patient. It resembled a piece of the aorta. This undoubtedly came from above the opening in the trachea, and was sucked into the tube through the openings on its convex surface. It will be noticed that nearly all the expectoration by the mouth was of a firmer character than that from the tube.

16th.—Slept well. Raised a good deal in the night, both by the mouth and the tube, of a mixture of tenacious mucus, pus and patches of membrane. This morning, is comfortable. Is improving fast. Tongue is nearly clean. The appetite is sufficient. Two free dejections. The respiration is easy, quiet, and nearly natural. Sat up most of the day.

17th.—Slept during most of the night, but awoke occasionally in consequence of the collection in and above the tube. To-day, very well. Can be distinctly understood when speaking, without clos-

ing the tube. On closing it, can speak aloud, though the voice is somewhat hoarse. The throat looks natural. Still raises, by the mouth, some shreds of firm membrane.

18th.—Slept most of last night. Had a very long and severe paroxysm of coughing early this morning. The expectoration was free, consisting of some stringy mucus, much pus, and a few membranous shreds. Afterward, was very comfortable. To-day, looks bright, and has improved since yesterday. Has lost a great deal of flesh. Tongue clean. Appetite good. Pulse about natural. Bowels regular.

A cork was placed in the external opening of the tube, to ascertain the condition of the breathing by the larynx. At first, there was considerable hoarse coughing and raising of distinct, thin membrane. Afterward, was more quiet. Directions were given to let the cork remain if the breathing was easy. It was kept in from 10, A.M. till 4, P.M.

19th.—Slept very well last night, and had but little coughing. This morning, when seen, he was walking about the room, with the tube closed. The breathing was free and easy. Could speak loudly and distinctly. The parents report that more membrane has been expelled. Tongue, pulse and bowels well. Appetite good.

20th.—Very comfortable through yesterday, last night and this morning. Both tubes were removed to-day. The breathing was easy and quiet. Scarcely any hoarseness in the voice. Is up and dressed, playing about the room. Appetite sufficiently good.

21st.—There was no difference whatever, yesterday or last night, in the breathing, on account of the removal of the tubes. The coughing has been less. To-day, the wound of the throat looks well, and has contracted very much. The respiration is nearly natural. There is no cough to-day. Talks clearly and smoothly, without any hoarseness.

22d.—Doing well in every respect. No air has been observed to pass by the opening in the neck.

25th.—Improves daily.

27th.—Still improving.

January 11th, 1858.—The wound of the neck has cicatrized. In every respect the patient has continued to do well. There is, perhaps, a slight huskiness of the voice.

At the auscultation immediately preceding the operation, the different symptoms were examined with great care, and the only question raised was, whether it would be prudent to apply the nitrate of silver to the throat and larynx, and wait to see its effect, or perform tracheotomy at once. It seemed pretty clear that the lungs were not materially affected, and that the whole trouble was situated in the larynx. The presence of a small membranous-looking patch on the tonsil was, in connection with the other

croupy symptoms, which were making rapid progress and increasing in severity, a strong presumption that there might be membrane already in the larynx. Furthermore, there was an evident and increasing impediment to the passage of air through the glottis, and judging from the red, stiff and almost erect condition of the epiglottis, it was a fair inference to suppose the glottis to be in a similar state. Whether the opening of the glottis was contracting from membranous deposit or from inflammatory swelling, the result to the patient would soon be the same. It was also thought that in the necessary delay from the application of the caustic, the condition of the parts and the strength of the patient, in case no relief was afforded, might be so changed that an operation would hardly be advisable. It was therefore decided to resort to tracheotomy, as holding out, at that moment, the best chance of saving the child's life.

That the course pursued was judicious, and the only safe one, was amply manifested by the condition of the larynx on the second day after the operation. On closing the external opening of the tube, no air passed through the glottis; or, if any, it was in so small a quantity that the face immediately became livid, and violent struggles were made for breath by the patient. In all probability the child, without an operation, would not have lived through the night. It will be noticed, and it is a point of much value, that the relief after the operation was great and immediate, and that the breathing continued comparatively easy and quiet, while the disease was still going on above the tube. The disease was evidently limited to the glottis and just below it. These parts remained perfectly at rest, while the disease advanced and the membrane was separated and expelled. Below the tube everything was healthy enough, and sufficient air was furnished through the tube for the lungs to perform their necessary functions. It has been the general practice in cases of membranous croup, to perform tracheotomy only as the last resource. If the operation had been deferred even a few hours in the above case, there is every reason to believe that the patient would not have lived.

The number of cases of membranous croup, where the membrane has been expelled and recovery has followed without an operation, is vastly disproportionate to the number of deaths.

In this vicinity, death has been, so far as has been ascertained. the constant result after the operation of tracheotomy for membranous croup, mainly, in most instances, from the operation being too long deferred. If the disease has involved the bronchi to any extent, of course the operation has not that chance of giving permanent relief. The strongest objection to the employing of tracheotomy as a last resource, when the patient is almost moribund or asphyxiated, is the extremely fatal result, hastened, unquestionably, by the extent and locality of the membrane, the congestion

of the lungs, and the action upon the brain, and system generally, of the imperfectly oxygenated blood. There is always more or less danger when the membrane is detached and efforts are made to expel it, that the passage through the glottis may not be sufficient for its escape, particularly as the membrane is apt to remain the longest adherent at this point.

The difference in the result of an early or late operation for strangulated hernia is familiar to all. Time will show whether an earlier period of performing the operation of tracheotomy for membranous croup than has been customary, may not be followed by as successful results.

The operation of tracheotomy, though at all times an embarrassing one to the surgeon, of itself very rarely hastens death or causes unnecessary suffering to the patient, even in those severe cases where, from the extent and locality of the disease, death must inevitably follow. On the contrary, the relief to the respiration, the congested condition of the lungs and other distressing symptoms, is often very marked, and where death does follow, it follows more easily and quietly. A *post-mortem* examination has frequently revealed the fact of the membrane terminating about an inch below the glottis. In such a case, the operation would, we have every reason to believe, have saved the patient. Of course the chance is much less when the membrane extends downward in the trachea and bronchi, beyond where the opening has been made for the tube. And even then the obstruction to the respiration is less liable to occur, as the tube will give a certain amount of freedom to the breathing, more than would be obtained through the glottis, the opening of which is constantly contracting, unless the membrane below is detached and suddenly chokes up the trachea below the tube.

Dr. Buckingham has recently performed the operation on a boy, two years and eight months old, and a week afterward he was doing very well.

It was rather difficult and puzzling at the time, to account for the bubbles of air that are alluded to above as having been seen during both operations. It was referred to a divided vein, or perhaps a rupture of the membrane connecting the rings of the trachea, from severe coughing. If this last had been correct, there ought to have been some emphysema in the neck. A short time afterward, while Dr. Cabot was removing a breast at the Hospital, the same bubbles of air were noticed in different parts of the wound. The explanation of Dr. Bigelow seemed perfectly satisfactory, that the air became mixed with the blood in the different movements of the muscles and fascia, and escaped in the form of bubbles.

NEUROMA OF THE LEFT FORE-ARM, OF TWENTY YEARS' STANDING.

[Read before the Boston Society for Medical Observation, January 18th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY I. BOWDITCH, M.D.

O. Q. D., æt. 30, a country shop-keeper and trader in the town of his birth, about fifty miles from Boston, and in New Hampshire, is the subject of the case. He is of an active, nervous temperament, of a thin, compact frame. He has been, so far as he remembers, always well, with the exception of typhoid fever thirteen years ago, and of the neuroma; and this has never prevented him from attending to the business of his trade. He has no hereditary predisposition to nervous or other disease, but he has lost two sisters by consumption, and one brother has a contracted chest from old pleurisy. He is of medium size, quick in his motions, and apparently in perfect health in all the functions of his body, at my examination. Yet he was a severe sufferer, and had been so for exactly two thirds of life, from neuroma of the external cutaneous nerve of the left fore-arm.

The history of it is as follows: Twenty years ago (*i. e.*, when he was ten years old), he observed a small tumor just above the left wrist on the fore-arm. This soon became painful on pressure, and finally even the slightest touch caused suffering. After bearing the pain, more or less, daily for five years, and the tumor being then about the size and shape of a bean, it was extracted by a neighboring surgeon. The operation was one of intense torture; the wound soon healed, but ever since there has been as much pain in the cicatrix as previously in the tumor itself. In fact, at times it has been more severe, and the only mode of relief that he has, is to scratch deeply into the skin, and abrade the cicatrix. While a little oozing continues he has more ease, only to have the pain again very soon; perhaps after the discharge ceases.

Previously to this operation, other tumors of a similar character had begun to appear along the arm and wrist, and apparently in the course of the same nerve. All have taken on the same action. They are now ten in number, and extend from a point about three inches below the bend of the fore-arm to near the junction of the metacarpal bone of the thumb and carpus. They vary from the size of a pea to that of a filbert. They have a tough, elastic feel, and are somewhat movable. By pulling up the upper one we can move the one next below it (and three inches off), evidently by a small subcutaneous cord uniting them, as the skin does not move. They are perceptible to the eye, but the skin above them is not discolored. The upper one is the least sensitive, this sensitiveness becoming most exquisite in a small cluster of them near the wrist. The patient assures me that, at times, if a drop of water, during a shower, were to fall on any of them, it would cause ago-

ny. Particular states of the air, a close room, &c., seem to increase this susceptibility. Suffering always ensues when sitting in a room warmed by means of an air-tight stove. He cannot easily bear any examination, however slight, without shrinking, the pain shooting up the arm, and, under a severe tap, flying to the head and other parts of the body, with the rapidity, and somewhat the sensation (only much more painful), of an electric current. The pain in the arm is not usually wholly confined to the nerve chiefly affected; *i. e.*, the terminal branches of the external cutaneous. It is usually most severe about the lower part of the thumb, adjacent fore- and middle-fingers. If it extend, as it sometimes does, to the little finger, no treatment gives the least relief while the paroxysm lasts.

The period of greatest suffering is at night, and commonly soon after lying down. He suffers least in the day, when the mind is pleasantly and actively employed. During the past five years he has been as much unable to sleep, during the continuance of the pain, as if he were suffering from a severe toothache. The arm has always more heat in it than the right arm has. Even during winter he rarely wishes to cover it. The vital warmth is sufficient. The pulling on of a glove distresses him. There has never been any paralysis of motion or convulsions. For treatment, he has used excision, as named above; also, almost every kind of medicine and external application. Now, he finds that chloroform and laudanum at times afford much relief. But the only means he has to induce sleep, when the pain is excessive, is to tightly bandage the arm in cold water from the fingers up to above the elbow. Soon after this application the patient falls asleep, if it be night, and he does not suffer more during that night.

So far as the patient knows, he has nothing similar in any other part of the body.

Remarks.—Neuroma, I judge from my own experience, and I think from that of others, is not a common disease. I have consulted several books of surgery, and I do not find exactly such a state of things as is related above to be at all frequent. One of the most singular books on the subject is that of Robert W. Smith, M.D. He was fortunate enough to meet with two cases of extraordinary interest about the same time, and full and complete drawings are given of them. According to Dr. Smith, Cheselden first noticed similar tumors. Dr. Smith says they are always slow of growth, and may vary from a millet-seed to a melon in size—they feel solid, do not adhere to adjacent parts, do not discolor the skin, and rarely, if ever, suppurate. The pain is the most marked symptom, shooting, as in this case, along the nerve. Mental emotions cause, at times, a paroxysm. In the above case, mental employment relieves the pain. Some have stated that if pressure of the nerve above the tumor relieves pain, it is pathognomonic of

neuroma. Bandaging relieved this sufferer. At times, amputation is needed for relief, when the tumor is very large and painful. And truly singular is it, that, while preparing this paper, an arm has been amputated for an immense neuroma of the median nerve.

Opinions vary as to the real nature of these tumors. Microscopically, they seem harmless in their cell-formation. The nerve above and below is at times healthy; at others, it is very much enlarged. At times the fibres can be traced in the tumor; at others they are soon lost in it. The arm removed by Dr. Bigelow, last week, showed the nerve cut off, apparently, from entering the main mass, by a knob like that which occurs at the extremity of amputated nerves. This knob rested, and was apparently imbedded, in the neuroma, though easily separated.

In conclusion, I cannot forbear giving a brief account of the two cases reported by Dr. Smith, and which make up the body of his magnificent work. Both cases were seen in 1843, at the House of Industry, in Dublin. The patients were males. The first was remarkable, before death, for three large tumors. He died after many years, but never had any great suffering. At the autopsy, the left sciatic had one mass, fifteen inches by eighteen. Eight hundred tumors were found distributed throughout the nervous system. They were of a fibro-cellular structure.

The second patient, aged 32, scarcely noticed his tumors during life, and they were found almost everywhere. Even the infra-orbital nerve was like a whip-cord. The pneumo-gastric was studded with the same. Over two thousand were found in the body! It is a curious circumstance that in both instances the right extremities and side of the body had many more than the left ones. Combined together, they present the following proportion, as 900 is to 590.

The members will perceive that I have not undertaken, in this paper, to give a full account of neuroma, but simply to detail my case, and to make it more instructive and bring it into view in connection with two of the most remarkable cases of a similar nature that have ever been recorded.

POLYPUS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

June 18th, 1857, I was called to see Mrs. R., a widow, aged 48, the mother of several children. I found her in bed, her extremities cold, the countenance pale and anæmic, pulse small and very frequent. The room was filled with an intolerable stench. Her friends supposed her to be in a dying condition. On inquiry, I learned that for four or five years she had suffered very much from profuse uterine hæmorrhage, and from a sensation of weight and

pressure in the pelvic region. From having been very robust and fleshy, she had become very thin and feeble, being obliged to keep the bed most of the time. Her feet, also, were much swollen, and during the last two weeks she had had a copious and offensive discharge from the vagina. I gave her stimulants, and ordered vaginal injections of a solution of a scruple of chloride of zinc in half a pint of water.

19th.—Found her low, yet more comfortable than yesterday. On examination *per vaginam*, I discovered a large, semi-putrid mass, of the size of the fist, which I removed by forceps. It proved to be the remains of a pedunculated tumor. In a few days the fœtid discharge ceased, and by means of a generous diet, wine and iron, she rapidly recovered.

Nov. 10th, she had a slight uterine hæmorrhage, for the first time since the removal of the tumor. On examining *per vaginam*, I found a fibrous polypus, of nearly the size of the other, attached by a pedicle to the os uteri. I advised its removal, but was desired to postpone the operation for the present.

Jan. 1st.—I was summoned in haste to visit Mrs. R., whom I found in great distress from retention of urine. The polypus was pressing on the perinæum, and distending the vulva. The bladder was relieved by the catheter. By making traction on the tumor, the greater part of it was brought down through the vulva, and the pedicle secured by a ligature and divided by a curved bistoury. It was oblong in form, of a dense fibrous structure, 6½ inches in its long, and 3½ in its short diameter, and weighed two pounds. The patient is now (Jan. 19th) in better health than she has been for the last four or five years. IRA RUSSELL, M.D.

Natick, January 19th, 1858.

CASE OF HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following is at your disposal.

Catherine, aged 15, always strong and healthy, went to her work in a woollen mill on the morning of Dec. 28th, 1857, feeling well. About 10, A.M., she was somewhat chilly, and at 11 began to experience a bad feeling in her throat. In a few moments she was unable to speak; very soon she was troubled to hear, and at 3, P.M., was not able to hear at all. I saw her at 7, in the evening. She was in bed, with moist skin, natural tongue, throat slightly inflamed, pulse soft, beating 125 per minute. She was not able to speak, and could not hear, though I spoke very loud, with my mouth near her head. I questioned her in writing respecting her feelings, to which she replied that she felt perfectly well, with the exception of a bad feeling in her throat and knees; but the

sensation was not that of pain. Her knees were somewhat tender, as she groaned upon my making pressure upon them. She swallowed with some difficulty, had but little thirst, but was much affected by her situation.

I ordered her limbs to be well rubbed with mustard-water, and strong mustard-paste to be applied to the entire length of the spine, the throat, and the feet, giving an active dose of emetico-cathartic pills, and directing her to be kept perfectly quiet. In some two hours the pills produced active vomiting, soon after which she complained of the smarting of her back, and could soon hear and talk as well as ever. At 10 the next morning she was sitting up, feeling, as she said, well. She rested well during the latter part of the night. The tongue was slightly coated, throat the same as on the previous evening, pulse 100 per minute and soft. As the bowels had not moved, I directed a dose of cathartic pills, with rest and a light diet. W. M. Trow, M.D.

Haydenville, Mass., Jan. 6th, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 23d.—*Unusual Case of Varicose Aneurism. Amputation.* Dr. J. Mason Warren reported the case.

The patient was a girl 19 years old, of a delicate constitution. When two years old, she received an injury in the palm of the hand from a stone, and very shortly afterward a small, pulsating tumor appeared there. About five years since, she presented herself at the Hospital. At this time a large tumor occupied the whole hand, held as it were in the palm. It was firm at some points, soft and pulsating at others, and seemed to have made its way backward, so as to give the idea of all the bones of the hand having been flattened and forming a shell to it. On compressing the tumor it gave a powerful aneurismal thrill, and in some parts of it the blood seemed to be contained in large aneurismal sacs; at others, arteries of the size of the carotid could be detected. Amputation was advised as the only resource, but declined. A cast was made of the arm and hand at that time, and is now before the Society. In addition to the tumor of the palm of the hand, there was also a supplementary tumor, quite firm to the touch, reaching up the whole fore-arm under the muscles, and without pulsation.

Last spring the patient presented herself again to Dr. W., the tumor having more than doubled in size, and the swelling on the fore-arm increased in a corresponding manner. At this time, also, a distinct aneurismal thrill attended the pulsation of the brachial artery, and the surrounding veins were in a highly varicose state. Auscultation of the tumor of the hand gave a sound like the noise of the machinery of a factory. The arm was now quite unwieldy, and at times

very painful, and the disease was rapidly increasing. The surgeons of the Hospital, in consultation, decided that amputation was the only means of relieving the patient, but considered there was a possibility of meeting with erectile tissue in the arm. The patient was quite timid, and unwilling to encounter any more than the ordinary danger from an amputation. She therefore again returned home, but lately, the pain being so severe and the tumor making advances, by the advice of her physician, Dr. Jones, she came to town and submitted to the operation. In making the compression, it was deemed necessary to place a tourniquet quite high upon the limb, and screw it up so as to forcibly compress the whole limb. Nearly twenty vessels, both arteries and veins, required ligature, as it was soon found that the veins carried arterial blood and were disposed to bleed. The quantity of blood lost in the operation was extremely small, on account of the very effectual way in which the compression was applied.

On the day after the operation, there was a great reaction; and this was so violent on the following day, that it was found necessary to take blood from her, and which was done, with relief. The whole limb, however, shortly became of a fiery red color, and a diffuse, painful swelling appeared in the neck, just above the clavicle. In a week or ten days, this subsided, but one morning it was observed that the breast had suddenly become puffed up, and, a day or two after, a great quantity of pus was discharged by an opening, and counter-opening.

The patient, after a very long convalescence, has now gone home nearly well. During the whole of the after treatment, there was no hæmorrhage from the stump, and no evidence of any erectile tissue remaining.

The arm, which was exhibited, had been very beautifully injected by Dr. Bigelow, and a careful dissection made of it by Dr. Hodges. The wax injection was thrown into the veins and retained by the brachial artery. The veins of the arm and hand were greatly dilated, and formed a beautiful basket-work around the bone; in the palm of the hand they communicated freely with the arteries, which were dilated so as to form what might be called large sinuses. The solid part of the round tumor in the hand and fore-arm was formed of condensed and infiltrated cellular tissue.

The specimen, together with the cast, was presented by Dr. W. to the Warren Museum.

Dec. 14th.—*Tubular Pregnancy*; *Hydatids in the Ovaries*. Dr. Hooker, of East Cambridge, reported the case.

The subject of this case was about 25 years of age; of rather delicate health. She had been troubled, during the winter, with some tuberculous symptoms, which disappeared during the past summer. She was married in June last, and enjoyed very good health until the 6th of November. On that day she was suddenly seized, while at rest, with a severe cutting pain in the left hypochondrium. The pain was acute and severe—producing syncope. She was relieved by opiates and rest, and was able to be about house in two or three days, but felt some uneasiness remaining in the left side at the seat of the pain. She was otherwise well. She had just passed over one catamenial period, and there were, at the time of the attack of pain, some symptoms of a return. She had previously menstruated at intervals of three weeks.

On the 14th of Nov., while on her knees, washing a canvas carpet, as she was reaching out, she felt, as she expressed it, "something give way in her bowels, just below the navel." The pain was very acute and distressing. She became suddenly faint, and was taken to her bed and her physician sent for. He found her faint, nearly pulseless; the skin clammy, pale; with great distress in the lower part of the abdomen, but not referred to the left side any more than to the right. This was about noon. After the free administration of morphia and diffusible stimulants for three or four hours, she rallied somewhat; the pulse became firmer; the skin was less moist and there was more warmth, though the distress in the abdomen continued, but not so severe as at first. At 7 o'clock in the evening, she grew more feeble and faint, and the pain increased. She continued in this condition till 10 o'clock, when Dr. Hooker saw her in consultation with Dr. Clarke, from whom he learned the above particulars.

Dr. H. found her very weak and pale, presenting the appearance of one sinking from the loss of blood; the pulse feeble and rapid; mind clear: countenance not anxious, but placid; skin cooler than natural. She did not complain of much nausea, but had vomited a little. There was pain in the abdomen, although not very acute, but continual distress. The abdomen had the appearance of that of a woman in the seventh month of pregnancy, in shape; resonance considerable—less below the umbilicus than above. She had passed two catamenial periods, and if pregnant it must be of about seven weeks duration—as she usually menstruated once in three weeks. The uterus, examined *per vaginam*, had a gravid feel, and, when raised by the finger, increased the distress in the bowels. The breasts were not much changed, with the exception of a very dark areola around the nipples.

She died about 10 o'clock on the 15th, less than twenty-four hours after the attack.

Sectio Cadaveris.—The shape of the abdomen was the same as described above. On opening its cavity, it was found filled with blood and coagula, and nearly three quarts were removed. The pelvis was found filled with coagula. A tumor was found in the left Fallopian tube, about an inch and a half in length, and three fourths of an inch in breadth, about midway from the left ovarium and the uterus. In this tumor were two rents. On opening the tumor no embryo was found, but the placenta, by its villous character, was very distinctly recognized. The tube was pervious from the uterus to the tumor, and no reason was manifest why the embryo had been arrested in its course. The uterus was thickened and enlarged, and the usual preparation made to receive the fœtus. The corpus luteum was distinctly seen, and both ovaria contained hydatids. The peritoneum and all the abdominal organs were healthy.

Dec. 28th.—*The Influence of the Placenta upon the Development of the Uterus during Pregnancy.* The following is an abstract of the paper read by Dr. Read.

The theory of uterine development as recognized at the present day, is, that the uterus begins to enlarge in consequence of pregnancy, at the fundus—that the body is next implicated, then the cervical portion, and finally the cervix itself; that this development goes on in the fundus exclusively for five, six or seven months, or even longer, and that after this time, and not till then, the cervix enlarges to form

part of the cavity of the womb, while the body of the uterus is undergoing little or no change; that in consequence of this development, the uterus, at the end of gestation, acquires a pyriform shape, the smaller end resting on the pelvic basin. But while a general agreement among authors is noticed as to the plan of this development, the greatest diversity of opinion is to be found as to the details of the process. The absence of all proof as to what kind of presentation was found in the particular cases which have been the groundwork of the present theory, renders the result of doubtful value. That the uterus enlarges, is not to be doubted; but that it expands in one part before another, in obedience to an organic law, may be questioned. Instead of being in all cases of one fixed determinate shape, we find it different in different pregnancies, varying according to the presentation: when the presentation is natural, it is pyriform; when the breech presents, it is almost globular; when the presentation is transverse, its long diameter is at right angles to the axis of the pelvis—showing quite conclusively that its shape is dependent on the position of the contained fœtus. It is not symmetrical, either, at the end of pregnancy. More of its circumference is found behind the Fallopian tubes than in front, and the tubes have moved one third of the way down from the fundus, proving that a greater expansion has taken place in one direction than another. The fact that the uterus rises in the cavity of the pelvis as the gestation proceeds, is no proof that the fundus is then enlarging, for no matter at what point the uterus begins to enlarge, it must, for want of space in any other direction, find room for its increasing size in the abdominal cavity. The changes in the neck, which have been relied on to prove that the body of the uterus developes first, are not to be depended on, except in primiparæ, and even in them but little reliance can be placed on them as certain indications of changes going on in the uterus. Authors disagree most widely as to the time when the different parts of the uterus begin to partake in the development of its cavity, and allow a latitude of three months for the commencement of the development of the cervical portion. Under these circumstances, we may assume that their opinions are not based upon sound premises.

The argument drawn from the assumed isochronic development of the fundus and placenta is fallacious: for all the facts that can be brought to bear upon this subject at all, go to prove that the fundus is not the usual location of the placenta. The assumption of Velpeau, that the placenta grows as the uterine walls with which it is in contact, seems to be hardly in accordance with analogy, which points to the fœtus rather than the uterus as the measure of the capacity of the placenta. The statement of Dr. Carpenter, that the placenta increases in accordance with the growth of the ovum, is refuted by data on record. There is not the least correspondence between the weight of the child and that of the placenta. If we test the theory by what we observe in cases of placenta prævia, we find it cannot satisfactorily explain the exceptional cases. According to theory, the greater the surface of the placenta exposed to the changes going on in the neck, the more certainly ought the hæmorrhage to come on. According to fact, it is the reverse in very many instances. Of this Levret, Cazeaux, Mr. Ed. Rigby, Mr. Doherty and others have taken notice, and offered various explanations. None of them can stand the test of

criticism. We do not expect a rule to be absolute, but it should provide for exceptions, which are not opposed in principle to the rule itself. If they occur, and cannot be explained without resorting to a construction which nullifies the rule, the rule cannot be a good one. In the cases under consideration, this seems to be the result of the application of the present theory of uterine development to the phenomena which appear in placenta prævia; the principle upon which the existing theory is founded being, that the development proceeds in a uniform direction, from a fixed point, irrespective of the position of the placenta, and at an equally independent rate. This has been shown to be not in conformity with the data in our possession. What seems to be required is a theory which allows the development to commence at any portion of the uterine walls, and to proceed, not according to arbitrary laws, but in accordance with the ordinary physiological laws which are constantly at work in living bodies. This may be stated in the following terms.

The attachment of the placenta to any portion of the uterine walls causes a development at that place, which proceeds, *pari passu*, till, the limits of growth in the placenta having been reached, the enlargement is continued and kept up by the pressure constantly exerted on the uterine walls, by the growing contents, till the time of parturition. That is to say, at whatever point the radicles of the placenta first attach themselves after their issue from the Fallopian tubes, at that point the development of the uterus commences, and from that point it spreads as from a common centre, and takes shape according to the position of the contained fœtus.

By this theory, those cases where the placenta is implanted on the cervix, and particularly those where it is fixed over the os uteri, centre for centre, are easily accounted for, and an inference may be drawn that the more the presentation, the less the hæmorrhage; and the less the presentation, the more the hæmorrhage, which is in accordance with the general result of observed cases. In short, it is believed that by adopting this theory, all the phenomena which appear in the course of pregnancy when placenta prævia exists, and which depend, for their cause, upon the changes going on in the uterine walls, may be clearly explained and accounted for by a much simpler mechanism than by the one already accepted and recognized. And while it does not militate in principle with recognized physiological laws, it so applies them to the phenomena which appear as the result of impregnation as to leave fewer exceptional cases, and those even not different in character from what are constantly occurring in normal pregnancies.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 28, 1858.

ADMINISTRATION OF MEDICINE BY THE UNINSTRUCTED.

One of the sayings of Washington, as recorded amongst many others of great value in the "*Practical Maxims for the Government of Conduct in Society*," is, "in visiting the sick, do not presently play the physician, if you be not knowing therein." There are several ways

in which this excellent advice is disregarded; that is to say, there are many modes of giving medicine by those who know little or nothing about it. Very well-intentioned persons make painful mistakes in their eagerness to serve (as they suppose) their friends, or others, whom they see in distress. They try the weapons from their private armory until they all fail, and the patient is usually ten times worse off than before. This done, they send for the doctor; he is expected, notwithstanding that he must, perforce, act at a great disadvantage, to perform a double miracle, viz., first to annul all the mischief which the ignorant endeavors of would-be friends have caused, and *then*, to cure the disease! Should he not effect this in an insignificant space of time, he is perhaps unpleasantly commented upon, or an attempt made to supplant him by some other attendant, clandestinely or overtly.

Now, the old adage that "fair play is a jewel," was never more true than between physician and patient. Give the doctor a chance, say we—and we say it feelingly. It is a sufficiently serious affair to cope with disease under every possible advantage; the enlightened public should not throw stumbling-blocks in our way. In order to contend successfully with the myriad foes to health, patients *should be seen in season*. The popular idea too often is, that a large bill may be avoided by delaying to secure proper medical aid. Nothing, surely, can be more fallacious than this. Other things being equal, in the *conscientious* physician's hands, a patient will gain, in time and comfort, just in proportion to the earliness of the period of his illness at which medical intervention is sought. Every observing and sensible person must be aware of this—many by experience—others by the showing of common sense alone. We have often, and lately, indeed, been assured of this, spontaneously, by persons who had proved the truth of the assertion above made.

There is one phase of the general evil to which we refer, that is doubtless constant; and a marked instance of it occurred to us within a few days. This is the prescribing for ailments, and sometimes serious ones, by apothecaries. Oftentimes, too, this is done through a third person, whose description of the difficulty, however accurate it may chance to be, *cannot* give the complete and adequate idea which ought to be had. Nothing but ocular and oral examination, in the majority of cases sufficiently serious to enlist medication at all, can enable a *physician* to prescribe, properly, for a patient. How, then, can one who is educated to compound medicines only, do this safely? And why should lives be perilled, and delay in obtaining relief be incurred, merely that the druggist, at best but very slightly informed as to the physiognomy and symptoms of disease, may put a few cents or a few dimes into his till? An apothecary may plaster a cut finger if he chooses—some know how to do it—but we have seen most atrocious bungling at it by such hands; yet why, we would ask, should the craft step out of their province at all? They can no more do it with safety to others or *themselves*, did they but know it, than can physicians, unused to the processes (as is usually the fact in cities), attempt the compounding of drugs and the putting up of prescriptions with propriety or impunity.

Within a short time, an apothecary in this city prescribed some inefficient draught to a man, on his application for treatment, who was suffering from pain in the side and severe cough, with feverish symp-

toms. Two days subsequently, he came under our care with pneumonia of serious intensity. Now, it is not at all unreasonable to say that had he been seen *at first*, by any judicious physician, he might have been saved much discomfort; and possibly the affection of the lungs might have been avoided altogether, or have taken the form of *bronchitis* only. Moreover, the druggist would have reaped more advantage from the case, because whatever medicine was required would naturally (from the fact of propinquity) have been purchased of him—which, when the above management was made known, was not the fact.

The interest of patients, however unreflecting and ignorant people may believe to the contrary, is that which is studied by, and entirely paramount with, the honest physician—and the dishonest one is soon found out. Let those who are ill, then, be convinced that they only lose ground, and invaluable time, by nostrum-taking; by entrusting their cases to apothecaries who are reckless enough, foolish enough, or avaricious enough, to attempt to treat them; by swallowing everything which everybody recommends, because they knew it followed by good results in some instance very probably totally unlike the one in hand: by dallying and trifling, in any way, with disease, which, to be met with the best chance of success, must be met *early* and *promptly*, even if it be of the "*self-limited*" class—where supervision is as important as active medication in many other affections.

If physicians not only do not meddle with the business of apothecaries, but certainly are *properly* the suppliers of a large proportion of it, the latter should be scrupulous how they complicate cases of illness which may at last tax the physician's skill in vain, and compromise the lives of individuals, while they thus in no wise advance their own interests.

Although it is doubtless true that such conduct, were it at all common amongst our reputable druggists, would increase the business of physicians in the end, we believe there is not one who loves the honor, success and advancement of his profession, all which are synonymous with the physical and mental well-being of the community, but will join us in inveighing against the administration of medicines by either the totally uninstructed, or the partially instructed, relatively to their power, adaptation and selection, in indiscriminate cases.

DR. F. G. SMITH'S COMPENDIUM OF DOMESTIC MEDICINE, &c.

We are informed, upon the best authority, that the edition of the work on "Domestic Medicine and Surgery," by Dr. F. G. Smith, of Philadelphia, a notice of which appeared in our number of January 14th, 1858, was issued without either the *knowledge or consent* of Dr. Smith. It is at least six, if not more, years since the first edition was published, and since that time Dr. Smith has had no connection with it whatever.

We are at a loss to understand how such an extraordinary procedure as the above has been perpetrated. The character of the publishers is such as to lead us to suppose that some *hocus pocus* has been trumped up, which has thrown dust in their eyes. At all events, we do not care to notice any book, of a second edition of which the author or compiler has no knowledge whatever.

Dr. Smith is a professor in the *Pennsylvania College*, not, as appears by our notice of the book, in the University of Pennsylvania.

Progress of Invention.—Much ingenuity is continually brought to bear upon the construction of instruments employed in medical and surgical practice. All the departments of our art are largely indebted to cutlers and others engaged in the fabrication of the various appliances so necessary to safe and expeditious operations and dressings. There is a new otoscope, or speculum auris, invented by Mr. Tiemann, of New York, which seems to realize the wishes of aurists, in the completeness with which it allows of a view of the tympanum. Dr. Bethune, who showed the instrument at the last meeting of the Medical Improvement Society, states that the vessels of the tympanum can be distinctly seen by it, and that the membrane itself is enlarged, by the lens through which it is viewed, to about the size of a dime. By means of reflected light, all the difficulties so long experienced in getting sufficient rays to fall upon the tympanum are avoided. The polished funnel which receives the light is directed upward, so as to throw it upon a small mirror within, whence it is reflected inward powerfully. The observer looks straight forward, as toward any object-glass. Several gentlemen tested the magnifying power of the instrument.

What with the double stethoscope, the ophthalmoscope, the improved microscope, and the new otoscope, the *scope* of the profession is likely to be increased beyond anything that ancient *horoscopes* could have divined!

Medical Commencement at Yale College.—The exercises on the occasion of the Commencement of the Medical Department of Yale College, took place on the evening of the 13th inst. The degree of M.D. was conferred on the following gentlemen by President Woolsey:—John Martin Aimes, Orange, Ct.; George Washington Birch, Brookfield, Ct.; Henry Webster Jones, Bridgeport, Ct.; S. F. Colardeau, Gaudeloupe, W. I.; Daniel A. De Forest, Newburgh, Ind.; Timothy Beers Townsend, New Haven, Ct.

Females as Dentists.—The *American Medical Monthly* says that Mr. D. W. Jobson, of New York, is endeavoring to open the way for women to become acquainted with, and practise the art of dentistry. The *Monthly* commends this effort as likely to afford to women an occupation perfectly adapted to their ability. We should be thankful to have any new means of support added to the slender resources of women, and we cordially wish Mr. Jobson success.

Consulting Physicians.—The following gentlemen have been elected consulting physicians to the City of Boston for the ensuing year:—George Hayward, Jacob Bigelow, James Ayer, John Jeffries, D. H. Storer.

MARRIED,—In New York city, Dr. Frank A. Wood to Miss Ada A. Pearson, both of Lunenburg, Ms.

DIED,—In this city, Jan. 25th, Helen, wife of Dr. John Ware, and daughter of the late Dr. Levi Lincoln, of Hingham, 59.—At Chicago, 8th inst., Dr. John C. Morfit.—At Suisun, Cal., Dr. William Moody, 36.

Deaths in Boston for the week ending Saturday noon, January 23d, 73. Males, 34—Females, 39.—Accident, 2—asthma, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer (of the uterus), 2—consumption, 16—convulsions, 3—croup, 3—dropsy, 2—dropsy in the head, 1—debility, 1—infantile diseases, 6—puerperal, 1—erysipelas, 1—fever, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 5—inflammation of the lungs, 4—marasmus, 1—measles, 2—old age, 2—pleurisy, 1—rheumatism, 1—teething, 5—thrush, 2—unknown, 2—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 56—Ireland, 15—other places, 2.

Apoplexy, Blindness and Death, caused by violent shaking of the Head.—Professor Timothy Childs, of New York, relates, in the American Medical Monthly, an interesting case of fatal apoplexy of the cerebellum. In the summer of 1853, a young lady, aged 19, in taking care of her sister's infant, amused it by shaking her own head rapidly and violently a great number of times. Faintness and vomiting followed, and she was confined to her bed several days. On going out again, she could not walk without staggering. Various prescriptions were used; none relieved her, except that a seton was thought temporarily to do some good. In December, 1854, Dr. C. found she could not walk without help, and was growing rapidly blind; there was constant dull pain in the region of the occiput, bowels torpid, &c. A seton in the nape of the neck and a mild course of protiodide of mercury improved the vision for a time, but entire blindness followed, and in January, 1855, a general convulsion took place, in a second attack of which she died, with intellect unaffected. Autopsy revealed "an old hardened clot of blood, of the size of a large walnut, in the centre of the cerebellum," "bathed in nearly two ounces of yellow serum inclosed in a cyst." Other organs healthy.

Two Medical Victims of the Dangers Incident to their Profession.—M. Geoffroy, a highly respected physician of Avignon, in France, formerly mayor of that city, and for many years at the head of the Asylum for the Insane, was lately assassinated by an epileptic inmate of the establishment. The wretched patient was subject to fits of furious mania, but had for some time past been very quiet, and was thought to be in a fair way of recovery. He was a tailor by trade, and busy at work, on the 30th of April last, during M. Geoffroy's presence in the ward. Toward the end of his visit, he requested the doctor to look at his leg, where he stated he was experiencing pain; and while M. Geoffroy was stooping to examine the limb, the man passed his arm round M. Geoffroy's neck, and thrust into the left side of his chest the long scissors used in his trade. He was just going to make a second thrust when he was secured by the house-surgeon and the steward. The weapon had reached the heart, and M. Geoffroy died in a few moments. The patient had not evinced any dislike for the ill-fated physician, and was most respectful and docile. It is supposed the horrible deed was done while the patient was laboring under a hallucination.—The other victim is a medical man named Salle, practising in Nancy. This gentleman was completing the operation of tracheotomy, which he had undertaken upon a child suffering from putrid sore throat. Dr. Salle, who was only twenty-nine years of age, seeing the trachea quickly filling with blood, put his lips to the wound, and drew by inspiration the fluid ready to choke the child. The next day, the same putrid state of the fauces and the tonsils appeared in M. Salle, and forty-eight hours afterward he died, in spite of the efforts made by his colleagues to save their noble-minded friend's life.—*Ohio Med. and Surg. Journal.*

Diphtherite.—The prevalence of diphtherite, that last importation from France, of which the advent was first signalized in these columns, is not now confined to one particular district in England. This peculiar and dangerous throat affection has appeared in many parts of the country. It has proved fatal in the registration districts of Thame, Billericay, Maldon, Liskeard, Truro and Chesterfield. It may be considered characteristic of this, as a French affection, that it is marked by great effusion, which is with difficulty restrained. The disease is but little understood in England as yet, although carefully studied in France. It is peculiar to diphtherite, that the false membrane secreted lies not only in the throat, but pharynx, fauces, and even on the lips of its victims. A new column is now allotted to the disease in the Weekly Return of the Health of the Metropolis, where recent information renders it very probable that it at present prevails to some extent. Observed thus early in its career, we may hope that the nature of this epidemic—if, indeed, it be an epidemic—may be carefully and fruitfully studied. Every practitioner should carefully record all well-marked cases which come under his observation. —*London Lancet.*

It is stated in the Cincinnati Lancet and Observer that a new medical school in Nashville, Tenn., is contemplated—to be under the patronage of the Methodist denomination.